

INITIAL INFORMATION DATA SHEET

INVENTOR INFORMATION

Inventor One Given Name:: Warren J.
Family Name:: WARWICK
Name Suffix::
Postal Address Line One:: 1952 E. River Terrace
City:: Minneapolis,
State or Province:: Minnesota
Postal or Zip Code:: 55414-3672

Inventor Two Given Name:: Leland G.
Family Name:: HANSEN
Name Suffix::
Postal Address Line One:: 2309 Beverly Road
City:: St. Paul
State or Province:: Minnesota
Postal or Zip Code:: 55104

CORRESPONDENCE INFORMATION

Name Line One:: Philip M. Goldman
Name Line Two:: Fredrikson & Byron, P.A.
Address Line Two:: 900 Second Avenue South
City:: Minneapolis
State or Province:: Minnesota
Address Line One:: 1100 International Centre
Postal or Zip Code:: 55402-3397
Telephone:: (612) 347-7088
Fax:: (612) 347-7077
Electronic Mail::

APPLICATION INFORMATION

Title Line One:: CHEST COMPRESSION APPARATUS
Title Line Two::
Total Drawing Sheets:: Four (4)
Formal Drawings:: Four (4)
Application Type:: Utility
Docket Number:: 39340.1.1.3

REPRESENTATIVE CUSTOMER NUMBER:: 022859

CONTINUITY INFORMATION

This application is a::

> Application One::

Filing Date:

Continuation of
PCT/US00/18037

29 June 2000

Which is a::

>> Application Two::

Filing Date::

International application claiming priority to

60/084,605

7 May 1998

2020T0" B028E00T

::ODMA\PCDOCS\FBDOCS1\2450232\1